U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. SYN-0513 **DECLARATION FOR UTILITY OR** Att rney Docket Number **DESIGN** Kayhan Küçükçakar First Named Invent r PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) **Application Number** Filed Herewith Declaration Declaration Filing Date Filed Herewith Submitted after Initial Submitted OR with Initial Filing (surcharge Art Unit unknown (37 CFR 1.16(e)) Filing required) **Examiner Name** unknown

I hereby declare that:					-							
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.												
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
SYSTEM AND METHOD FOR PROVIDING DISTRIBUTED STATIC TIMING ANALYSIS WITH MERGED RESULTS												
(Title of the Invention)												
the specification of which is attached hereto OR												
was filed on (MM/	DD/YYYY)		as United	States Applica	ation Number or P	CT International						
Application Number	and was ame	ended on (MM/DD/YYYY)	(if applica	able).								
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.												
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.												
breeders rights certificate(s United States of America,	i), or 365(a) of listed below a	er 35 U.S.C. 119(a)-(d) or 3 f any PCT international app and have also identified be or any PCT international a	lication which of low, by checking	designated at	least one country	other than the						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Prior Not Cla		Certified Cop YES	y Attached? NO						
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☐ Additional foreign applic	ation numbers	are listed on a supplementa	I priority data sh	neet PTO/SB/0	2B attached here							
I hereby claim the benefit up	nder 35 U.S.C.	119(h) of any United States	provisional app	lication(s) liste	ed below.							
Application Numbe	r(s)	Filing Date (MM/DD	YYYY)									
N/A Additional provisional appl numbers are listed on a supplemental priority data PTO/SB/02B attached here						ata sheet						

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United Stat's of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United Stat's or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

between the filing date of the prior application and the national or PCT international filing date of this application.														
U.S. Parent Application or PCT Parent Number							Parent Filing Date (MM/DD/YYYY)					Parent Patent Number (if applicable)		
N/A .														
Additional U.S.	or PCT inter	mational appli	cation nu	ımbers are	listed o	n a supple	mental p	oriority	data she	et PTO/SB	/028 at	tached hereto.		
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact a business in the Patent and Trademark Office connected therewith: OR Registered practitioner(s) name/registration number listed below OR Code Label here												Place Customer Number Bar		
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Name														
Address							_							
City			State ZIP											
Country			Telephone +1 (408) 451-5907 Fax +1 (408) 451-5908							908				
I hereby declare that believed to be true; punishable by fine of application or any pa	and further or imprisonn	that these st nent, or both,	atements	were ma	owledge de with 1	are true a	ind that	t wilifu	false st	made on i	nformat	tion and belief are		
Name of Sole	or First l	nventor:	·			A petition	has be	en file	ed for th	is unsign	ed inv	entor		
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	K	ayhan							Küçü	kçakar				
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City		Sunnyvale)	State		CA	ZIP	9	4087	Count	У	us		
Name of Addit	tional Jo	int Invent	or, if a	ny:		☐ A pe	tition h	as be	en filed	for this u	nsigne	ed inventor		
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Residence: City		Dublin		State			Count	y I	reland	Citizen	ship	Great Britain		
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Additional inver	ntors are be	eing named o	n the <u>2</u> s	suppleme	ntai Add	itional Inv	entor(s)	sheet	(s) PTO	/SB/02A a	ttached	d hereto:		

Atty. Docket No: SYN-0513 PTO/SB/01 (05-03)

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DECLARATION — Utility or D sign Pat nt Application

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between the ning date of the prior application and the national of PCT international ning date of this application.															
U.S. Parent Application or PCT Parent Number								Parent Filing Date (MM/DD/YYYY)					Parent Patent Number (if applicable)		
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Additional U.S.	or PCT inte	mational appli	cation n	umbers ar	e listec	on a	suppler	mental p	riority	data she	et PTO/SE	/028 at	tached hereto.		
	As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all														
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OR Registered practitioner(s) name/registration number listed below													Number Bar		
N	lame		R	Registration Number					Name	e			Registration Number		
Additional regist	Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.														
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address belo											address below				
Name															
Address															
City							State			ZIP					
Country			Telep	phone	+1 (408) 4	151-59	07		Fax	+1 (408)	451-5	908		
I hereby declare that believed to be true; punishable by fine of application or any pa	; and further or imprisonn	that these stanent, or both,	atements	s were ma	ıde wit	h the I	knowle	dae tha	t willful	l false st	atements a	and the	like so made are		
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	K	ayhan								Küçü	kçakar				
Inventor's Sig	nature										Date				
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Mailing Address		1638 Quail	Ave.												
City		Sunnyvale		State		CA		ZIP	94	1087	Countr	у	US		
Name of Addit	ional Jo	int Invento	or, if a	ny:			A pet	ition h	as bee	en filed	for this u	nsigne	d inventor		
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Residence: City		Dublin		State	1 6	\sim		Countr	y I	reland	Citizen	ship	Great Britain		
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Atty. Docket No: SYN-0513

PTO/SB01A (05-03)
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sh t

				Page 1 or 2							
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor							
Given Name	(first and middle (i	fany)				Family Name	or Surnan	ne			
	Brian					Cle	rkin				
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City	Dublin 15	State			ZiP		Country		Ireland		
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Given Name	(first and middle (i	f any)				Family Name	or Surnan	ne			
	Loa					Mi	ze				
Inv ntor's Signature							Date				
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Name of Additional	Joint Inventor,	if any:			A petition I	nas been filed for	r this unsig	ned	inventor		
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	Qiuyang					Wu					
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Given Name	(first and middle (i	any)				Family Name	or Surnan	ne			
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ADDITIONAL INVENT

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 f 2

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Name of Additi nal Joint Inventor, if any:					A petition has been filed f r this unsigned inventor							
Given Name	me (first and middle (if any) Family Name or S						or Surnan	ie_				
	Brian			Clerkin								
Inventor's Signature		_					Date					
Residence: City	Dubiin 15	State		Country Ireland				ip	Ireiand			
Mailing Address	3 Hadleigh Green	, Castlekno	ock,	>k,								
City	Dubiin 15	State ·		_	ZIP		Country		Ireland			
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Inventor's Signature	You in	1.Mg	<u>ي</u>				Date	1/	28/2004			
City	Tigard	State	OI	₹	Country	us	Citizensh	ip	US			
Mailing Address	9092 SW Hiil St.		*									
City	Tigard	State	OI	OR ZIP 97223					us			
Name of Additional	Joint Inventor,	if any:			A petition I	nas been filed fo	r this unsig	ned	inventor			
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	Qiuyang	· ————		<u> </u>		w	/u					
Inventor's Signature							Date					
City	Portland	State	OI	3	Country	us	Citizensh	ip	P.R. China			
Mailing Address	5304 NW Lianna	Way										
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Name of Additional	Joint Inventor,	if any:			A petition I	nas been filed fo	r this unsig	ned	inventor			
Given Name	(first and middie (i	f any)				Family Name or Surname						
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Inventor's Signature							Date					
City	Hillsboro	State	OF	3	Country	US	Citizensh	ip	India			
Mailing Address	747 SE Oakgl n \	Way #313										
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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

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Name of Additi nai		☐ A petition has been filed for this unsigned inventor							
Given Name	(first and middle (if	any)		Family Name or Surname					
	Brian			Clerkin				_	
Inventor's Signature							Date		
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Mailing Address	3 Hadleigh Green	, Castiekno	ock,						
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Name of Additional	Joint Inventor,	if any:			A petition h	nas been filed for	this unsign	ed	inventor
Given Name	(first and middle (i	fany)				Family Name	or Surname	•	
	Loa					Mi	ze		
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Inventor's Signature	a	25		6	l.		Date	1/	28/04
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City	Hilisboro	State	OF	3	Country	US	Citizenshi	р	India
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ADDITIONAL INVENTOR(S) Supplemental She t Page 2 f 2

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Name of Additional Joint Inventor, if any:										
Given Name	(first and middle (if	any)		Family Name or Surname						
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City	Los Gatos	State	CA	۸	ZIP	95033	Country	US		
Name of Additional Joint Inventor, if any:										
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Inventor's Signature							Date			
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Mailing Address										
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